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	Complete if Known							
l	e Consolidated Appropria	· _ · · · · · · ·	`	Application Nu		10/588		
FEE	[RANSI	MITT/	ΔL	Filing Date	111100	08/04/2	<u> </u>	<del></del>
	or FY 20		* Re-	First Named In	oventor		, R. et al	<del></del>
	OFFI ZU	<u>UB</u>		Examiner Nan		FINK.	<del></del>	- <del></del>
Applicant clair	ms small entity status	s. See 37 CFR	₹1.27	Art Unit	10	1796	D. K.	
TOTAL AMOUNT OF PAYMENT (\$) \$1,920.00				Attorney Dock	et No.		M2010NP	
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METHOD OF PAYMENT (check all that apply)								
Check Card Money Order None Other (please identify):								
Deposit Acco	ount Deposit Accoun	nt Number:	012717	Der	osit Acco	unt <b>Na</b> me	e:	31684
For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)								
	Charge fee(s) indicated	d below		Char	rge fee(s)	indicated	l below, except	for the filing fee
Charge any additional fee(s) or any underpayments of Credit any overpayments								
fee(s) under 37 CFR 1.16 and 1.17  WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.								
FEE CALCULATION								
1. BASIC FILING	G, SEARCH, AND EX	AMINATION	FEES					
(	FILING F	FEES		CH FEES		EXAMIN/	ATION FEES	
Application Typ	<u>se</u> Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)		Fee (\$)	Small Entity Fee (\$)	Fees Paid(\$)
Utility	<u>ree (s)</u> 330	<u>ree (a)</u> 165	<u>ree (\$)</u> 540	270	_	<u>ee (৯)</u> 220	<u>Fee (≱)</u> 110	rees raiu(4)
Design	220	110	100	50		140	70	<del></del>
Design Plant	220	110	330	165		170	70 85	
Reissue	330	165	540	270		650	325	
Provisional	220	110	540 0	0	-	000	0	
1		I EV	J	v		u	U	
2. EXCESS CLA Fee Description	IM FEES						Fe <u>e (</u> \$)	Small Entity Fee (\$)
	20 (including Reissue	ed)					<u>ree (s)</u> 52	<u>ree (\$)</u> 26
	t claim over 3 (includ	•					220	110
Multiple depender	•	ang mereni ,					390	195
manda - 1	W SHADE							Dependent Claims
<u>Total Claims</u>	Extra Claim	<u>rs Fee (\$)</u>		Fee Paid (\$)			Fee (\$)	Fee Paid (\$)
	or HP =			=				
HP = highest number indep. Claims	or of total claims paid for, Extra Claim	-	1.	Fee Baid (4)				
			20.00 =	<u>Fee Paid (\$)</u> ≃\$0. <u>00</u>				
	or of independent claims			- <del> </del>				
3. APPLICATION	N SIZE FEE							
If the specification	n and drawings excee	d 100 sheets o	of paper (6	excluding electro	onically f	iled sequ	uence or com	iputer listings under
37 CFR 1.52(e)), the application size fee due is \$270 (\$135 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).								
Total Sheets	Extra Shee	• •	<u>ımber of e</u>	ach additional 50	or fractic	on <u>th</u> ereo	of <u>Fee (\$</u>	\$)
	- 100 = <u>0</u>	/ 50	0	(round <b>up</b>	to a who	le numb	per) x <u>\$270.0</u> 0	0 =\$0.00_
4. OTHER FEE(S								Fee Paid (\$)
Non-English speci		(no small entity			2 HOL. 14 A			24 242 20
Other (e.g., late iii	ling surcharge): Req.	for Contin. Ex	am. (KUL	), 3 Month Ext. (	of Time			\$1,920.00
SUBMITTED BY								
Signature	NO I	Bul		Registration No. Attorney/Agent)	310	00	Telephone	215-419-5270

Steven D. Boyd, Esq. Date Name (Print/Type) January 14, 2010

This collection of information is required by 37 CFR 1.136. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 30 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.